

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 10 1943 360

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓ years, months or days)

3. (a) PRINT FULL NAME Mary F. Melborn

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alfred 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Mar 30 1888
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Indiana Lawal
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name S. E. Gilmore

13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

14. Maiden name Alfred Johns

15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Melborn

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Apr 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Melborn Cemetery

18. (a) Signature of funeral director Allen E. Hayes

(b) Address Nevada Mo.

19. (a) 4-9-43 (b) Boyd B. Bewick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 805 W. Arch Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1943 hour 2:20 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan-18-39 to Apr-9-43 that I last saw him alive on Apr-9-43 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery of heart

Due to

Due to

Other conditions Arthritis 50
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Boyd B. Bewick (M. D. or other) 0
Address Nevada Mo. Date signed 4/9/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 4-43-192
Date Filed 5-7-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.